

Meridian Healthcare Limited

Millbrook Care Centre

Inspection report

Huddersfield Road
Millbrook
Stalybridge
Cheshire
SK15 3ET

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Tel: 01613042600

Website: www.meridiancare.co.uk/millbrook

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on the 30 April 2018.

Millbrook Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Millbrook Care Centre is a large detached property which provides accommodation for up to 46 older people. The accommodation is situated over two floors with lift access. At the time of this inspection there were 28 people living in the home.

We last carried out a comprehensive inspection of this service on 25 and 26 October 2016. At that inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed effectively.

We also found that improvements needed to be made to the quality assurance processes in place in the home and to how the provider notified CQC of important incidents.

Following the last inspection, we asked the provider to complete an action plan to tell us what they intended to do and by when to improve the key questions is the service safe and well led to at least good.

During this inspection we found the required improvements had been made.

Medicines were managed safely and people received their medicines as prescribed.

There was a robust system of quality assurance in place. Weekly, monthly and annual checks and audits were carried out by the registered manager and other managers of the service. These were used to assess, monitor and review the service.

The service had notified CQC of any accidents, deaths, serious incidents and safeguarding allegations as they are required to do.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were positive about the registered manager and the way the home was organised and managed. Staff told us they enjoyed working at the home and felt supported.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedure to follow so that people were kept safe.

Individual and environmental risk assessments gave staff guidance on how to minimise and manage identified risks. Health and safety checks had been carried out and equipment was maintained and serviced appropriately.

The home was decorated and furnished to a high standard and was well maintained.

Recruitment procedures were in place which ensured staff were safely recruited. There were sufficient staff to meet people's needs and staff received the training, support and supervisions they needed to carry out their roles effectively.

People had their nutritional needs met and had access to a range of health care professionals.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their visitors spoke positively about the care and kindness shown by staff. One person said, "Staff are absolutely wonderful." During the inspection we found that staff had a good understanding of people's likes and preferences. Staff knew people well and understood individual's care needs. Interactions were polite and friendly. Staff offered assistance in a sensitive and unhurried manner.

Care records contained risk assessments and care plans that were person centred, detailed and written using respectful terms. People told us they were involved in decisions about their care and support.

There was a range of activities on offer at the home and in the wider community. People told us there were sufficient activities for them to join in.

People who used the service felt they were listened to and were involved in developing the service. There was a system for recording and dealing with any complaints.

The provider had displayed the CQC rating and report from the last inspection on their website and in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People told us they felt safe living at Millbrook Care Centre.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Medicines were managed safely. Staff had received training in administering medicines.

Is the service effective?

Good 

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Staff received the induction, training, supervision and support they needed to be able to provide safe and effective care.

Suitable arrangements were in place to meet people's nutritional needs. Relevant health care support was provided to ensure people's health and well-being was maintained.

Is the service caring?

Good 

The service was caring.

People told us staff treated them well and that staff were caring and kind.

People were well cared for by staff who understood their needs. Staff provided assistance in a sensitive and unhurried manner.

Staff treated people with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Care records were person centred. They provided staff with the information about what was important to and for the person.

A range of activities and events were provided helping to promote people's health and wellbeing and maintain links with the local community.

There was a complaints procedure for people to voice their concerns.

Is the service well-led?

Good ●

The service was well-led.

Everyone was positive about the registered manager. People felt the service was well organised and well managed.

There were effective systems in place to assess and monitor the quality of the service provided. The provider had a variety of methods of seeking people's views about the home.

The provider had notified the CQC as required by legislation of all events, which occurred at the home that potentially impacted on the health, safety and well-being of people.

Millbrook Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 April 2018 and was unannounced. It was undertaken by three adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, such as notifications of incidents. A notification is information about important events, which the service is required to send us by law. The provider had also completed the Provider Information Return (PIR) as required and returned this to CQC. The PIR provides key information about the service, what the service does well and the improvements the provider plan to make. We used this information to help us plan the inspection. We also asked the local authority and Health- watch Tameside for their views on the service. They raised no concerns.

During our inspection we spoke with 13 people who used the service, five visitors, the registered manager, the deputy manager, three support workers, the activity coordinator, two chefs and the area director.

We spent time looking around the home at the standard of accommodation. This included the communal lounge and dining areas, bathroom facilities, the kitchen, laundry and a number of people's bedrooms. We carried out observations in communal areas of the service. We looked at three care records, a range of documents relating to how the service was managed including medication records, five staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Millbrook Care Centre. People who used the service said, "I feel safe here. I prefer living here to staying at home by myself, as everything is done for me. Whilst at home I have got to do shopping and so on", "I'm very safe", "I feel safe here, it is a stable home" and "Personally I am happy and content here. I don't think I have got anything I am concerned about."

At the last comprehensive inspection of the service in October 2017 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed effectively. The overall rating for this key question was requires improvement. Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

During this inspection we found the required improvements had been made.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and saw that medicines were stored and managed safely.

We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

The medicine storage rooms contained suitable lockable fridges. The temperatures of the medicines fridges and the medicines room had been recorded daily and were within the acceptable ranges. If medicines are not stored at the correct temperature they may become less effective or unsafe to use.

People's medication was stored in a separate monitored dose system (MDS). Some medicines, such as creams and eye drops were not in this system and needed to be used within a certain time after being opened to ensure they remained effective. Where medicines had been opened the date of opening had been clearly marked on the label and all the medicines we saw were in date.

Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. We saw that controlled drugs were stored separately in a locked medicines cabinet. There was a controlled drugs register in use, which was signed by the staff member administering the drug and also a second member of staff.

All medicines that were prescribed 'as required' (when needed) had information to inform staff of what medicine to give, what to give it for and how often it can be given. We saw that care records contained information about how people may indicate they needed the 'as required' medicines, for example, how the person would show staff they were in pain. This ensured the safe and correct use of 'as required' medicines.

We looked at eight people's Medicines Administration Record (MAR). We found that all MAR contained a photograph of the person to help ensure correct identification of the person. All MAR we reviewed were fully completed to confirm that people had received their medicines as prescribed. We found stocks of medicines we reviewed, including controlled drugs, were accurate and matched what was shown on the MAR.

We saw that during the week before our inspection an error had been made and three people had not been given one dose of their medicine. During the inspection the registered manager showed us that staff had contacted the GP to ensure the people would not be harmed by missing the dose. We also saw that appropriate action had been taken to prevent further errors. This included additional checks of medicines and medicines records. The registered manager told us that these checks would be in place for at least one month following the incident and would be used to ensure any errors were found promptly.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found appropriate systems were in place to safeguard people from abuse. Policies and procedures were available to guide staff in safeguarding and whistleblowing (reporting of poor practice) as well as training. Staff we spoke with were aware of their responsibilities in reporting any concerns and knew who they could speak with.

We found there was a safe system of staff recruitment in place. We reviewed five staff personnel files. The staff personnel files we looked at contained an application form where any gaps in employment could be investigated. They contained appropriate written references and copies of documents to confirm the identity of the person, including a photograph. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed.

Policies and procedures were in place to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These help staff to know and understand what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who were living at the home. People we spoke with told us there were sufficient staff to provide people with the support they needed. People who used the service said, "They look after you. If I need anything I ring the bell and they come round right away. I don't have to wait too long. This is the same during the day and night" and "They've [staff] got time to listen and have a laugh." Staff we spoke with told us they did not have any concerns regarding staffing levels and were able to provide people with the support they needed in a timely manner. Staff rotas we examined showed that staffing levels were provided at consistent levels. During our inspection we observed that people received the support they needed in a timely manner.

The service had risk assessments in place to ensure the safe running of the home and these were comprehensively completed and regularly reviewed. These included the management of money, moving and handling and the use of equipment, the management of records and infection control. A business continuity plan was in place to ensure people's individual care needs can continue to be met in unforeseen circumstances. This guided staff on the action to take in the event of a serious incident that could stop the service, such as severe weather, power failure, fire or flood.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. Information about the fire procedure for visitors was displayed in various areas of the home to ensure that people visiting Millbrook Care Centre would know how to evacuate safely in the case of an emergency. A

'grab' bag was available in reception for staff to use in the event of an emergency. We saw it contained PEEPs, fire evacuation procedure and contingency plan to ensure people had their care needs met in the case of an emergency. We found that regular fire safety checks were carried out on smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and records showed that staff had received training in fire safety awareness.

We reviewed certificates and maintenance records from the safety checks completed for the home. We found systems were in place to ensure the safety and suitability of the environment so people were protected against risk of harm. We saw up to date testing and servicing certificates in place to show that equipment was properly maintained. These included gas safety, mains electric, portable electrical appliance testing (PAT), hoisting equipment and the fire alarm. There were also regular checks of emergency equipment such as emergency lighting and fire doors to ensure they worked properly in the event of a fire. Water temperatures throughout the home were checked to reduce the risk of scalding and disease such as Legionella and checks were made to ensure the environment was clean to reduce the risk of outbreaks of illness and infection.

We looked at the care records for three people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included; bathing, falls, personal care, skin integrity, mobility, moving and handling, nutrition and medicines. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. We looked at the records of accidents and incidents and found that incidents were recorded and analysed to identify any patterns or lessons that could be learned to prevent future occurrences. We spoke with the registered manager in relation to the management of falls as there had been a number of falls within the home. The registered manager told us that details of any falls were analysed by the providers 'falls team' to ensure appropriate care had been provided and that the environment was safe. Records we saw showed appropriate medical support was sought following any falls and that other agencies were involved in aftercare support when required. Following any falls people's support needs and staffing levels were reviewed using the provider's dependency tool.

People were provided with comfortable accommodation, which had been well maintained. Peoples bedrooms were personalised with photographs and ornaments and people could use their own bedding or have bedding provided by the service. We found the home to be very clean and in a good state of repair. The environment was well decorated with wide corridors and handrails to help people maintain their independence around the home. The bedrooms were of a good size and all rooms had ensuite wet rooms. Separate bathrooms were available on both floors of the home for people who preferred to have baths and had specialist equipment to allow people with mobility issues to access a bath safely. There was a level access outside area furnished with modern seating for people to use.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Personal protective equipment (PPE) was available throughout the home and was stored discreetly in cupboards along the corridor. This meant the staff were able to readily access the appropriate equipment when providing personal care to the people living at Millbrook Care Centre and the risk of infection spreading was reduced.

We looked at the systems in place for the management of the laundry. We saw that each floor had a sluice room. Staff could access this room and the laundry was sent down a shoot into the laundry room for washing. This meant that people's personal laundry and any soiled items were not transported throughout the home which reduced the risk of infections spreading. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items. There was a system in place to ensure clean items were returned to their owners. One person who used the service said of the laundry service, "It's brilliant... you always get own clothes back. It's a very prompt service."

Is the service effective?

Our findings

People who used the service told us they were satisfied with how care and support were provided. One person said, "I feel I am better here. I am putting on weight. I don't think I can get into a home better than this one here. It is well-organised and well run."

A visitor told us, "My [person who used the service] is better, putting on weight. They help [person] get washed, dressed, eat properly and participate in organised activities. The place is clean and organised. We know [persons] carer and talk to [carer] regularly. I know there is a care plan. Staff are very good at letting us know when [person] is not well, when [person] needs an appointment with a doctor. They would take [person] for an appointment if I couldn't come. There is no extra charge."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked to see if the registered manager was working within the principles of the MCA.

A review of records showed that consideration was given to people's mental capacity and whether they were able to consent to their care and support. Applications for DoLS had been submitted to the relevant local authorities where appropriate and a record of this was kept.

We saw people, and where appropriate their relatives, had been involved in decisions about their care and support. Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS and understood their responsibilities. This training is important and should help staff understand that where a person lacks mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

The registered manager told us that new staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included training, an introduction to the home, information about the individual staff member's role and responsibility.

All staff received mandatory training, as well as additionally training specific to certain roles such as the

chefs undertaking level 3 training in hospitality. Records we reviewed showed that staff employed in the home had received training to help ensure they were able to safely care for and support people. Staff undertook a range of training including moving and handling, infection control, health and safety, fire safety, safeguarding adults, medicines, food safety, nutrition and dementia awareness.

Staff were positive about the training they received but some staff told us they would like more face to face learning rather than e-learning. One staff member said, "There is plenty of training available along with regular updates."

Records we saw and staff we spoke with showed that staff received regular supervisions and an annual appraisal. Supervision is important as it provides the opportunity for staff to review their performance, set priorities in line with the service's objectives and identifies training and continual development needs.

Staff told us that communication with the management team was good and there were regular staff meetings. We saw records of these meetings, which involved the management team and care and domestic staff. Staff we spoke with told us there was good communication and support within the team and staff understood their roles.

Staff completed daily records in order to share information with staff arriving for the following shift. This helped to ensure staff were aware of what had been happening for the people living at Millbrook Care Centre. The records also highlighted if staff had identified any risks or concerns about a person who lived at the home. We spoke with the register manager about how these records were used. They told us that, for example, food and fluid charts were used when concerns had been identified about people not eating or drinking properly and staff would seek medical support as required. This helped to ensure continuity of care.

We looked at the systems in place to ensure people's nutritional needs were met. Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and were up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores.

We looked to see if people were provided with a choice of suitable and nutritious food.

We found the kitchen was clean and well organised and had received a food hygiene rating of 5 from the food standards agency in September 2016. This meant that they used safe food hygiene and storage systems. The kitchen had cleaning rotas in place and these were completed on a daily basis to ensure the kitchen was clean. Fridge and freezer temperatures were also recorded to ensure food was stored correctly and kept fresh. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

We spoke with both chefs. We found they had a clear understanding of people's nutritional needs and how to ensure the food was safe for people who needed a specialist diet. When the Speech and Language therapist (SALT) had assessed a person as needing their food prepared in a certain way, such as fork mash able, they told us they would prepare these in front of people where possible, so that people could see how their food was prepared. The chefs were aware of people who had allergies or were diabetic and had knowledge of people's preferences and choices.

There were two dining areas at Millbrook Care Centre and both were clean and had well laid tables with

condiments provided. We saw that fruit, snacks and juice available throughout the day for people to help themselves to. People could choose to eat their meals in their rooms and we saw that staff brought people's choices to them in covered trays. The food looked and smelt appetising and the chefs told us that menu's had been designed to be nutritionally balanced. People who used the service told us the food was enjoyable and that their preferences were respected. One person who used the service said, "They make anything you want."

We observed lunchtime during our inspection. We saw that some people had their lunch in the dining room, whilst others had their meals in the privacy of their own rooms. One person had a visitor who was having lunch with them; staff had provided this. Another person was being visited by their relative who, at their request, had brought fish and chips in from the local shop.

We found the atmosphere during lunch was relaxed and people were able to eat at their own pace. We saw staff gently encouraging people to eat. One person was reluctant to eat, we saw staff patiently tried to encourage them to eat and gradually offered them everything on the menu.

People who lived at the home had access to healthcare services and received on going healthcare support. Care records contained evidence of visits from and appointments with their GP, dietician, speech and language therapists, dentist and opticians.

We asked how the home used technology to improve care provided. The registered manager told us the service used an electronic system; 'Digital Health' which allowed them to make immediate contact with health care professionals at the local hospital. This allowed the service to relay people's symptoms via a hand held electron tablet. We were told this reduced the number of times the service needed to call out a doctor and allowed for speedy diagnosis.

The registered manager told us that technology was used to help people communicate with the friends and relatives. People used the WIFI that was available throughout the home and some people used a hand held electronic device to telephone and see relatives who were not able to visit regularly.

Is the service caring?

Our findings

People and their visitors spoke positively about the care and kindness shown by staff. People who used the service told us, "Staff are absolutely wonderful", "They can't do enough for you", "[Staff] they're smashing... Absolutely wonderful", "I like it here. The staff are nice. It is reasonable. They look after you", "Staff are very helpful and kind" and "All of the staff treat me very well, both day and night."

A visitor said of the standard of care provided by staff; "It's excellent, you can't fault them." Another visitor said, "Staff are kind, friendly, welcoming. It's just a nice place."

During the inspection we found that staff had a good understanding of people's likes and preference we spent time observing the care provided by staff. People were well cared for by staff who understood their needs. Interactions were polite and friendly. Where people were offered assistance this was provided in sensitive and unhurried manner.

Throughout the inspection we heard staff speak with people living at Millbrook Care Centre with care and respect. We saw the lounge was well laid out to encourage socialising and people were given choice about where to sit. Staff told us they aimed to provide people with, "A good quality of life" and said that it feels, "Genuinely like a family." Other staff said, "It's their home" and "It's good because we care."

People's privacy and dignity was maintained when staff were supporting them with their care needs. The atmosphere was calm and settled. Staff were discreet when speaking with people about their support needs. We observed staff knock before entering people's bedrooms. Visitors told us, "Staff knock on the door and wait for a response before coming in" and "I usually would go to the [bedroom] door and open it for them to come in."

We looked to see if people were supported to maintaining and promoting people's independence and choice. Care records detailed what people could do for themselves and how staff could help to maintain and promote people's independence.

People who used the service and visitors we spoke with told us that visitors were always made to feel welcome. Visitors told us they felt welcome anytime of the day or night to connect with the loved ones. We saw there was a good rapport between staff and people's visitors.

Care records identified whether people who used the service had a specific religion or faith and also whether they would require support to practise this.

We saw that leaflets were available to people who used the service to inform them about a local advocacy service should they need someone independent to advise them.

The provider had an equality and diversity policy. It stated that, "Residents, members of staff, visitors, family and friends and contractors are not to be subjected to discrimination, victimised or harassed." This detailed how staff and residents human rights would be protected.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

People said the service were responsive to meeting their needs. They told us, "They [staff] have a good understanding of my needs" and "It is nice to live here. I like it here. Staff are like good friends. I have some freedom but also have help if I need it. I can talk to people when I want to, or stay in my room. It is a relief being here, without responsibility for my house."

A visitor said staff were, "Extremely helpful." Another visitor told us, "[Person who used the service] seems settled here. [Person] is able to get help if needed in dressing or showering. Staff are okay. I would recommend this home."

Before someone started to live at the home an assessment of their needs and preferences was completed. We saw this assessment was detailed and was used to develop care plans and risk assessments. The assessment process ensured staff knew about people's needs and goals.

We looked at three people's care records and found that records included risk assessments and care plans that were detailed and written using respectful terms. They gave information about things that were important to and for the person including life history, routines, mental capacity, social interests, preferences, nutrition, how they wanted to be supported with their personal care, likes and dislikes, health conditions and wellbeing, medicines, mobility, social activities and how best to communicate with the person. They also gave information about what people could do for themselves.

Care records also contained a 'Remembering together' document, which help staff to understand a person's life story, interests, previous employment, family and friends, hobbies and preferences.

Records we looked at had been regularly reviewed by managers of the service and updated when changes in people's needs had occurred. We saw that people, and where appropriate their relatives, had been involved in creating the care records and in the reviews of the care and support provided. Visitors said, "I am always kept informed of any changes/concerns" and "We had occasions when requests had to be made more than once. We don't always get told if something has been carried out. We went to the review meetings with [staff member] recently. We expressed our views and the care plan was amended. The changes were implemented in practice later."

We looked to see what activities were available for people who used the service. The home had an activity co-ordinator who organised social events and a regular programme of activities for the people living at Millbrook Care Centre. The activity co-ordinator told us that people were given the choice about whether they wished to engage in activities and, for those who did not wish to engage in group activities, one to one activities were offered. The activity coordinator used people's feedback to decide what activities to run to ensure there was, "Something for everyone." We found that activities were provided within the home and people were also supported to access community based activities.

There was a planner displayed throughout the home advertising what was happening for the week ahead.

We saw planned activities included; cooking sessions, afternoon tea, a book club, a musical concert and films shown on the onsite cinema. The reception area had a file with photographs of previous activities, which included coffee mornings, pet therapy sessions, arts and crafts, exercise sessions and a murder mystery event.

The activity co-ordinator told us that there were plans to develop a gardening group now the weather was improving and that a number of people living at Millbrook Care Centre wanted to access this.

Attention had been paid to develop activities and support to ensure people with additional needs such as poor eyesight or hearing difficulty impairment were able to engage in activities as much as they wished.

There was a beautifully furnished and decorated hairdressing salon. A hairdresser came each week and people could book appointments. Where people preferred their own hairdresser, they were able to book the hairdressing room so that their own hairdresser could visit.

There was a pool table and a well-equipped cinema room, which was used regularly as part of the activity program. The service had its own mini bus to enable the people living at Millbrook Care Centre to engage in activities in the community.

The registered manager told us they had close links to a local historian who came to the home to give talks. We saw these included information about the history of the building and people who had lived in the local area.

Everyone we spoke with was happy with the activities and events provided at Millbrook Care Centre. A visitor told us, "There's always something going on. My [person who used the service] enjoys the arm chair exercises and baking and afternoon teas."

Care records we reviewed showed that where people wanted to, their wishes for the end of their lives had been discussed with them. We saw records included details of what would help provide comfort and reassurance to the person.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure, which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. A copy of the complaints procedure was fixed to the back of every bedroom we went in. Records we saw showed that there was a system for recording complaints, compliments and concerns. This included a record of responses made and any action taken. One person who used the service said, "I have no complaints about the care, routine, having my say, food and drinks. They are all very good. Nothing could be better."

Is the service well-led?

Our findings

Everyone we spoke with was positive about the way the home was organised and managed. People who used the service told us, "It's very good here." A visitor said, "It's better than good."

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager. During the inspection we spent time with the registered manager. We found they knew people well and were able to tell us about peoples likes dislikes and support needs.

Staff were very positive about the registered manager and the way the service was managed. They told us, "She [the registered manager] has proved herself" and "She is a good support." Staff told us they liked working at the home and felt supported. They said, "If there are concerns they [managers] are proactive in dealing with it", "We are supportive of each other", "Communication is vital, things said are acted upon" and "We all talk to each other." Staff also said, "We have a nice home", "We have a good team, which is very settled" and "The team gets on well and there is plenty of support."

During this inspection we looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were good systems of weekly, monthly and annual quality assurance check and audits. These were carried out by managers of the service and the provider. These included care records and charts, finances, staff record keeping, activities, infection control, food provision, falls, weights, safeguarding, cleaning, accident and incidents, training and complaints.

Senior staff completed a daily walk round which checked on the care being given to people living at Millbrook Care Centre, the environment and infection control, activities and dining experience. Clinical walk rounds were also undertaken which looked at peoples specific health needs such as recent falls.

Other audits were regular undertaken including health and safety audits, catering safety audits, fire risk assessments and fire checks.

Millbrook Care Centre used an audit tool with a set of Key Clinical Indicators (KCI) which allowed an in depth analysis of clinical risk. Each person who lived at the home had their dependency levels recorded and this was assessed and reviewed using a range of tools including how many falls they had had, their skin condition, their Waterlow score which gives an estimated risk for the development of pressure sores. It also included their weight & Body Mass Index (BMI) and their risk of malnutrition using the MUST (Malnutrition Universal Screening Tool) calculator which. There was a traffic light system in place which highlighted the most vulnerable people and if their health was deteriorating.

There was a 'Resident of the Day' programme which ensured that there was a review of all the care and support provided to the person including care records, food and their bedroom was deep cleaned on a monthly basis. We saw the registered manager checked the work to ensure it had been carried out to a high standard.

Quality assurance audits were being undertaken by the provider on a regular basis and the last one had been completed in March 2018 and included plans to improve the service. There was evidence that actions had been taken following these audits.

Staff achievements were recognised and rewarded by the management team and the provider through their 'Kindness in Care' Awards. We saw that staff at Millbrook Care Centre had received awards and they were displayed in the reception area. One said it was for, 'Kindness to residents and ensuring clothes and linen are returned to residents.' Another said it was for the staff members; 'Hard work and dedication'.

We saw that the service had a range of policies and procedures in place. The policies we looked at included, the Mental Capacity Act 2005, safeguarding adults and whistleblowing, infection control, medicines administration, complaints. These provide information and guidance to staff about the provider expectations and good practice.

We saw there was a resident handbook and statement of purpose. These documents gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided. These documents helped to ensure people knew what to expect when they used this service.

Information for the people living at Millbrook Care Centre and their visitors was available within the main reception area and included employee liability insurance and the food hygiene rating. Other information included the service's philosophy of care, mission statement, equality and diversity statement and health and safety policy and fire action plan.

We looked to see what opportunities people had to comment on the service they received. The service used an electronic, interactive 'Have your say' screen in the reception area. These could be used anonymously for people who used the service or any visitors to give feedback on their experience of the home and the care and support provided. We saw that resident's and relatives meetings were also held and copies of the minutes were displayed on notice boards so that people could see what had been discussed. We saw that planned activities had been discussed at a recent meeting.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.